

STATE OF KANSAS  
KANSAS ANIMAL HEALTH DEPARTMENT  
708 SW Jackson, Topeka, Kansas 66603-3714  
Phone 785-296-2326 FAX 785-296-1765  
www.accesskansas.org/kahtd

## VETERINARY CARE FORM

A PROGRAM OF VETERINARY CARE (PVC) HAS BEEN ESTABLISHED BETWEEN:

LICENSEE	VETERINARIAN
LICENSE NUMBER	STATE LICENSE NUMBER
NAME	NAME
FACILITY NAME	CLINIC NAME
PREMISE ADDRESS	ADDRESS
CITY, ST. ZIP	CITY, ST, ZIP
TELEPHONE NO.	TELEPHONE NO.(BUSINESS)

47-1701 (dd) (1) "Adequate veterinary medical care means:

- (A) A documented program of disease control and prevention, euthanasia and routine veterinary care shall be established and maintained under the supervision of a licensed veterinarian, on a form provided by the commissioner, and shall include a documented on-site visit to the premise by the veterinarian at least once a year; and
- (B) That diseased, ill, injured, lame or blind animals shall be provided with veterinary care as is needed for the health and well-being of the animal.

Regularly scheduled visits by the veterinarian will occur at the following frequency:

\_\_\_\_\_ (minimum annually)

I have read and completed this program of Veterinary Care and understand the responsibilities.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Veterinarian \_\_\_\_\_ Date \_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

**Indicate Species on Premise:**

Dogs \_\_\_\_\_ Reptiles \_\_\_\_\_ Birds \_\_\_\_\_ Snakes \_\_\_\_\_

Cats \_\_\_\_\_ Rodents \_\_\_\_\_ Rabbits \_\_\_\_\_ Amphibians \_\_\_\_\_

Other Small Animals \_\_\_\_\_

**A. Vaccinations:** Specify the frequency of vaccinations for the following diseases:

DOGS	Juvenile	Adult	CATS	Juvenile	Adult
PARVOVIRUS			PANLEUK		
DISTEMPER			RESP. VIRUSES		
HEPATITIS			RABIES		
LEPTOSPIROSIS			OTHER(SPECIFY)		
RABIES			SMALL ANIMALS		
BORDETELLA			RABIES		
OTHER (SPECIFY)			OTHER(SPECIFY)		

**B. Parasite Control Program:** Describe the treatment for the following:

1. Ectoparasites (Fleas, Ticks, Mites, Lice, Flies) \_\_\_\_\_  
\_\_\_\_\_
2. Blood Parasites (Heartworm, Babesia, Ehrlichia, Other) \_\_\_\_\_  
\_\_\_\_\_
3. Intestinal Parasites (Fecals, Deworming) \_\_\_\_\_  
\_\_\_\_\_

**C. Emergency Care:** Describe provisions for emergency, weekend, and holiday care

\_\_\_\_\_  
\_\_\_\_\_

**D. Euthanasia:**

- 1) Euthanasia will be in accordance with the most current approved euthanasia methods established by the AVMA panel on euthanasia and will be carried out by the following: (circle one)

Veterinarian

Licensee

- 2) Method(s) of Euthanasia \_\_\_\_\_  
\_\_\_\_\_

**E. Additional Program Topics-**The following topics have been discussed in the formulation of the program of veterinary care.

**Dogs/Cats**

Congenital Conditions \_\_\_\_\_ Quarantine Conditions \_\_\_\_\_

Nutrition \_\_\_\_\_ Anthelmintic alternation \_\_\_\_\_

Exercise plan(Dogs) \_\_\_\_\_ Proper handling of Biologics \_\_\_\_\_

Veneral Diseases \_\_\_\_\_ Pest control and product safety \_\_\_\_\_

Proper use of analgesics and sedatives \_\_\_\_\_ Other \_\_\_\_\_

**Other Animals**

Pasterurellosis \_\_\_\_\_ Pododermatitis \_\_\_\_\_

Cannibalism \_\_\_\_\_ Wet tail \_\_\_\_\_

Species separation \_\_\_\_\_ Malocclusion/overgrown incisors \_\_\_\_\_

Pest control and product safety \_\_\_\_\_ Handling \_\_\_\_\_

Other \_\_\_\_\_